



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 011738.00045)

*FEE
Only*

In re U.S. Patent Application of Hartlaub)
Application No. 10/001,357) Group Art Unit: 2863
Filed: October 31, 2001) Examiner: Tung S. Lau
For: Non-Conformance Monitoring and) Confirmation No. 2290
Control Techniques for an)
Implantable Medical Device)

**AMENDMENT AND RESPONSE TO FINAL
OFFICE ACTION DATED AUGUST 23, 2004**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This response is responsive to the final Office Action dated August 23, 2004. The Examiner has set a three-month period for response, thus making this response due on or before **November 23, 2004**. It is believed that no fee is due in connection with this filing. However, if a fee is due, the Office is authorized to charge such a fee to Deposit Account No. 19-0733.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

12/16/2004 TBELL2 00000001 010850 10001357

01 FC:1201 264.00 DA
02 FC:1202 162.00 DA

Allowable Subject Matter


Claims 2, 4-8, 13, 14, and 17 are objected to as being dependent upon a rejected base claim, but would be allowable if rewritten in independent form including all the limitations of the base claim and any intervening claims. Applicant has rewritten claims 13, 14, and 17 to be in independent form including all the limitations of the base claim and any intervening claims. Thus, Applicant respectfully submits that claims 13, 14, and 17 are allowable as currently amended.

Applicant has added new claims 39-47, which ultimately depend from claims 13, 14, and 17. Applicant respectfully submits that newly added claims 39-47 are allowable for at least the same reason as claims 13, 14, and 17.

Applicant respectfully submits that the instant application is in condition for allowance. Should the Examiner believe that a conversation with Applicant's representative would be useful in the prosecution of this case, the Examiner is invited and encouraged to call Applicant's representative.

Respectfully submitted,

Dated: November 16, 2004

By: 
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

11738.00045

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 28 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 28 minus 20 = | 8 |
| INDEPENDENT CLAIMS | 7 minus 3 = | 4 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 38 | 28 | 10 |
| Independent | 7 | 7 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

11-16-04

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 47 | 38 | 9 |
| Independent | 10 | 7 | 3 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | | |
| Independent | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$9= | | OR | X\$18= | 144 |
| X42= | | OR | X84= | 336 |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | 1220 |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$9= | | OR | X\$18= | 180 |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$9= | | OR | X\$18= | 162 |
| X42= | | OR | X84= | 264 |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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